

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 22, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application Tilted Kilt, 6100 'O' Street #406 requesting a class I liquor license.

Majdy (Mike) Bader, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Majdy Bader was born in Jordan. He attended Louis University in Illinois graduating in 2011.

Majdy Bader employment history is as follows:

Present	Owner, Tilted Kilt	Lincoln, NE.
2005 - 2010	Owner, US Wireless Cellular	Illinois.
2000 - 2005	Co-Owner, LBC Communications	Illinois.

Mr. Bader has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

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Trade Name (doing business as) Tilted Kilt
 Street Address #1 5 Gateway Mall 6100 "O" Street
Suite 406
 Street Address #2 _____
 City Lincoln County Lancaster Zip Code 68505
 Premise Telephone number 402-464-0022

NEBRASKA LIQUOR
CONTROL COMMISSION

MAY 11 2012

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Majdy Bader

Street Address #1 7321 Pioneers Blvd.

Street Address #2 Apt 323

City Lincoln State NE Zip Code 68506

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

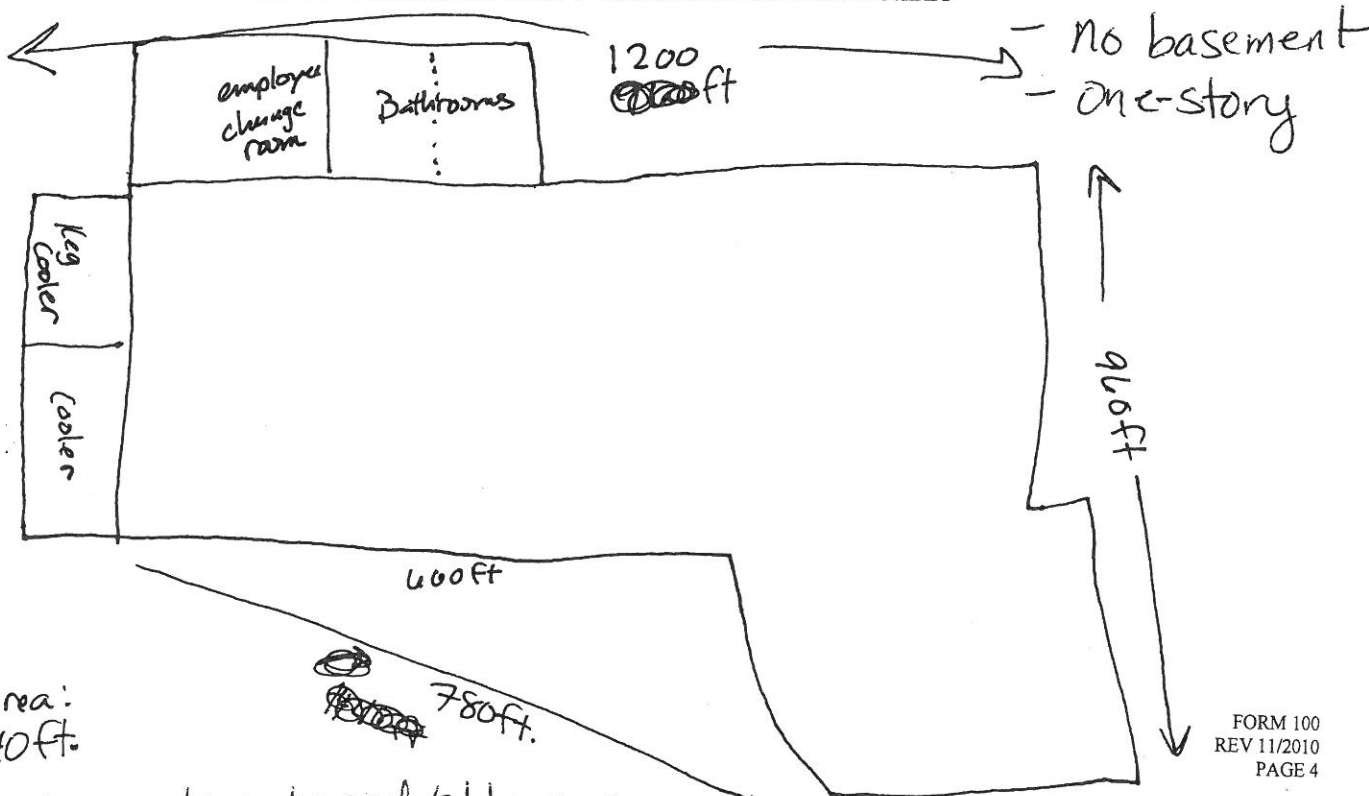
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length _____ feet

Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



Patid area:
1440 ft.

one story irregular shaped bldg approx
780' x 55'

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Majdy K. Bader	N/A	N/A	N/A	N/A
Linda I. Bader	N/A	N/A	N/A	N/A

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Famous Brands Group, LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Tilted Kilt

Premise Street Address: 5 Gateway Mall

City: Lincoln State: Nebraska Zip Code: 68505

Premise Phone Number: 402-464-0022

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: ☒ MALE

☐ FEMALE

Last Name: **Bader**

First Name: **Majdy**

Home Address (include PO Box if applicable):

7321 Pioneers Blvd., Apt. 323

City: **Lincoln**

County: **Lancaster**

Zip Code: **68506**

Home Phone Number: **402-585-5006**

Business Phone Number: **708-845-0888**

Social Security Number: _____

Drivers License Number & State: _____

Date Of Birth: _____

Place Of Birth: **Jordan**

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: **Bader**

First Name: **Linda**

MI: **I**

Social Security Number: _____

Drivers License Number & State: _____

Date Of Birth: _____

Place Of Birth: **Chicago, IL**

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2011	2012	Home Glen, IL	2008	2012
Home Glen, IL	2008	2011	Palos Heights, IL	2004	2008
Palos Heights, IL	2004	2008	Oak Lawn, IL	2000	2004

Oak Lawn, IL

2000 2004

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Linda Bader

Signature of spouse asking for waiver
(Spouse of individual listed below)

Linda Bader

Printed name of spouse asking for waiver

State of Illinois

County of COOK

The foregoing instrument was acknowledged before me this

MAY 5th 2012

date

by

LINDA BADER

name of person acknowledged

Notary Public signature

Affix Seal

OFFICIAL SEAL
LOUIS M. SWEISS
Notary Public - State of Illinois
My Commission Expires Dec 14, 2015

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Majdy Bader

Signature of individual involved with application
(Spouse of individual listed above)

Majdy K. Bader

Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

MAY 5th 2012

date

by

MAJDY BADER

name of person acknowledged

Notary Public signature

Affix Seal

OFFICIAL SEAL
LOUIS M. SWEISS
Notary Public - State of Illinois
My Commission Expires Dec 14, 2015

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

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NEBRASKA LIQUOR
CONTROL COMMISSION

Rev. 07-08-2009

CLASS CODE: 0 - Any non-commercial vehicle except motorcycle.

ENDORSEMENTS:
None

OTHER RESTRICTIONS:
None

VERIFIY PRESENCE OF PAPER WATERMARK HOLD TO LIGHT TO VIEW

NEBRASKA
OPERATOR'S LICENSE

www.dmv.ne.gov
USA NE

4d License
3 DOB
3a End NONE
12 Rest. NONE


4a ISS
4b EXP
9 Class: 0


15 Sex M
16 Hgt 511
17 Wgt 175
18 Eyes BRO
19 Hair BLK

1 MAJORY K BADER
2 7321 PIONEERS BLVD APT 323
3 LINCOLN, NE 68506

Fee \$27.50

DONOR







APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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NEBRASKA LIQUOR
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Majdy K. Bader

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Famous Brands Group, LLC #10156058

LLC Address: 15930 S. Crystal Creek Dr.

City: Homer Glen State: IL Zip Code: 60491

LLC Phone Number: 708-845-0888 LLC Fax Number: _____

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Bader First Name: Majdy MI: K

Home Address: 7321 Pioneers Blvd., Apt 323 City: Lincoln

State: NE Zip Code: 68506 Home Phone Number: 708-845-0888

Majdy Bader

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

5-8-12

Date

Kristin M. Kimminau

The foregoing instrument was acknowledged before me this

by Kristin Kimminau

name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Bader First Name: Majdy MI: K.

Prints

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Linda I. Bader

Affidant

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

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Last Name: _____ First Name: _____ MI: _____

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____